"That tattered coat upon a stick the ageing body": Evidence for elder marginalisation and abuse in Roman Britain.

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Introduction

Over the last 200 years Western European life expectancy at birth has risen from approximately 30-40 years to 70-80 years today, and the proportion of the world's population aged over 60 years is expected to more than double between 2000 (10%) and 2050 (21%) (Kalache *et al*. 2005). However, we would be incorrect to suppose that the past was, by contrast, always 'nasty, brutish and short'. While skeletal assemblages generally indicate that very few individuals in the past lived beyond the age of 45 years, this picture is known to be influenced by preservation and methodological biases that inhibit the identification of older skeletons (Gowland 2007). Textual and epigraphic sources attest to the fact that, while a minority demographic, people did reach very old ages in the past. Only a handful of archaeological studies have sought to examine perceptions towards older people in the past (*e.g.* Gowland 2007; 2015; Appleby 2010). By contrast, historical studies of old age from the Classical to Early Modern periods are much more plentiful (*e.g.* Pelling and Smith 1991; Thane 2000; Cockayne 2003; Parkin 2003; Campbell 2006). This chapter examines perceptions of the elderly and elder care in Roman Britain, with a particular focus on evidence for the abuse and marginalisation of older people. First, the concept of old age, along with risk factors and diagnostic features associated with elder abuse in present-day contexts will be discussed. A series of case studies from Roman Britain will then be evaluated in light of these criteria. These will be discussed with reference to historical studies of the elderly in the ancient world, as well as the limitations and potential for evaluating perceptions of old age and elder abuse in the archaeological record.

Perceptions of old age today

The construction of old age varies greatly between societies: we are aged by culture as much as we are by the passing of time (Achenbaum 2005). That said, ageing is a fundamentally embodied experience, and it is the prospect of physiological decline in the body and mind that incites such a visceral and deep-routed fear of the ageing process (Gilleard and Higgs 2010). Old age within Western thought has become synonymous with mostly negative attributes such as frailty, impairment, dependency, disempowerment, and loss of social agency (Arber and Ginn 1991; Hockey and James 1993; 2003). Today's ageing society is also construed in negative terms, conceptualised as a national catastrophe, with prophesies of an impending 'fiscal apocalypse' (Brogden 2001). Research into the successful mitigation of this 'socio-economic time bomb' and towards a 'productive and healthy old age' is now high on the international agenda (Moreira and Palladino 2008). The inherent

assumption is that old people are not only economically non-productive members of society, but represent a significant drain on national resources. This current notion of the elderly as dependent and passive is largely a social construct; older people in many societies are active agents with considerable social and economic power (Kalache *et al*. 2005; Gowland and Thompson 2013). For example, the charity *Age UK* estimates that one in four working families are reliant on childcare provided by grandparents, which is worth an estimated 7.5 billion pounds per year to the economy (Iparraguirre 2014). Additionally, the role of grandparents in providing social stability and continuity has proven fundamental to the functioning of both developing and wealthy nations. For example, Nyanzi (2009) discusses the vital child-rearing role performed by elderly females living in the impoverished urban centre of Kusubi-Kawaala in Uganda. Many of these women take on the role of 'mama grannies', raising grandchildren orphaned through HIV/aids and keeping family units together, despite suffering ill health and straightened financial circumstances themselves.

It is within the contemporary context of denigration and marginalisation of elder persons that research on elder care, neglect and abuse is currently situated. The abuse of the elderly takes many different forms, from financial abuse, neglect or emotional abuse, to outright physical violence (Biggs *et al*. 1995; Bennett *et al.* 1997). Contemporary prevalence figures estimate that between 2-10% of the elderly population are abused (including financial and emotional abuse), with physical abuse accounting for up to 25% of these cases (National Center on Elder Abuse, Bureau of Justice Statistics 2010). Such figures are generally believed to reflect the 'tip of the iceberg' and in some countries prevalence rates are known to be substantially higher; for example, Markovik *et al.* (2014) report figures of 32% in the Former Yugoslav Republic of Macedonia.

Elder abuse tends to be perceived as a malaise of industrialised nations. Termed a 'modern violence phenomenon', it is repeatedly linked to our burgeoning "grey demographic" (Bennett and Rowe 2003, 488). It is often assumed that in pre-modern societies, the elderly would have possessed greater social currency, by virtue of their rarity and ability to act as a reservoir of cultural wisdom and memories. However, this form of demographic determinism does not stand scrutiny; numerous literary sources throughout history have testified towards ambivalent or hostile attitudes towards elder individuals in the past (Thane, 2000; Parkin, 2003). Historical studies of old age from the ancient to the medieval world suggest that past reverence towards older people has been much overstated, with advanced old age repeatedly portrayed as a time of major social and physiological difficulty (Glendenning 1997; Thane 2000). Likewise, ethnographic studies have observed that many pre-literate, pre-industrial societies exercise 'death hastening' behaviour towards those who are elderly and incapacitated. Such practices may occur even within a belief system that generally venerates older people. In some instances, this behaviour may be actively sanctioned, or instigated by the elderly party. Attitudes within any one society can be seemingly contradictory: "both supportive and death hastening

behaviour may co-exist in all societies" (Brogden 2001, 63). It is therefore not possible to say that one society venerates the elderly and another does not. Such feelings are routed within particular socio-economic and cultural values, perceptions of the life course, and individual circumstances. Within any one society there occurs a great deal of heterogeneity in life experiences and identities in older age as a consequence of the inter-sectionality of age with other social imperatives such as gender and status, as well as the broader socio-economic and political milieu (Brogden 2001, 12; Hockey and James 2003; Gowland 2007). It is worthwhile exploring contemporary attitudes towards old age, before making inferences regarding the treatment of elders in the past.

The ageing body

Senescence and decrepitude are important identifying features of old age (Brogden 2001): time becomes engraved on the tissues of the body; in the deepening wrinkles, sagging skin and greying hair. Gilleard and Higgs (2011, 137-138) argue that the ageing body is a source of abhorrence and fear, in part due to bodily decline, but also because it is "a terminal place from which there is no escape, nowhere to go other than death". However, the finality of death, whilst a feature of modern secular society, was not a concept shared by all cultures in the past, for whom death may have marked a transition towards another, potentially more desirable, state of being. Within such cultures, the end stage of life may have been more greatly valued, *because* of its proximity to death and spiritual transcendence. In this respect, parallels may be drawn between medieval conceptions of the ageing body and the impaired body, both of which were perceived to be 'closer to God' in Medieval consciousness (Rawcliffe 2006).

As discussed above, the experience of ageing is strongly contingent upon other aspects of identity, which are themselves fluid and life-course dependent. For many individuals in later life, age becomes the over-riding identity, with other facets of the social personae fading into the background. For example, the ageing body is often perceived as being gender neutral; evidenced by mixed-sex hospital wards for elderly patients in UK hospitals (Arber and Ginn 1991; Moen 1996). Likewise, in the ancient world, older women were not bound by the behavioural strictures imposed upon younger women, in part because they were seen as gender neutral (Parkin 2003). Gendered identity fluctuates over the life course, often linked with social age transitions such as widowhood, rather than biological transitions (*e.g.* menopause) (Gowland 2006; Sofaer 2006).

Impairment and frailty are significant factors in the identity of the elderly, whose social interactions become rooted in their functional physiology and competence (Hockey and James 1993; Gubrium and Holstein 2003). For example, in nursing homes, elderly residents are spatially segregated according to their physical and cognitive impairments; the disability becomes the dominant identity. Often the physically frail or impaired older body is

automatically correlated with a lack of mental cognisance so that elderly people are not only de-sexualised, but also infantilised (Arber and Ginn 1991; Hockey and James 1993; 2003; Dobbs *et al*. 2008). Gilleard and Higgs (2010) argue that the decline in mental faculties that often accompanies senescence plays a prominent role in the 'abjection' of aged individuals, because of the challenge that it poses to 'social intent'. If an elderly person becomes confused during everyday activities, this undermines their social agency, resulting in an "orphaned body" "…with organs, but without agency …and without redemption" (Gilleard and Higgs 2011, 139). Even within societies in which the elderly possess high status roles, the loss of mental faculties can result in ostracism, or the instigation of death hastening behaviours (see Brogden 2001, 64-77 for examples). A reduction in mental faculties is not the fate of all older people, but has contributed towards the pernicious conceptualisation of old age as a 'second childhood'. This was most famously characterised by Shakespeare in *As You Like It* as "second childishness and mere oblivion, sans teeth, sans taste, sans everything". However, this is a metaphor that has its origins at least as far back as the Classical world (Glendenning 1997; Parkin 2011). Unfortunately, this period of 'second childhood' in old age is devoid of the most powerful element of social currency in the Western world: youth (Tulle 2008). It draws primarily upon the negative constructs of childhood (dependency, irrationality, powerlessness), rather than the positives (Hockey and James 2003). The following section focuses specifically on more extreme forms of elder marginalisation and abuse in the present, with the aim of highlighting the means to evaluate it in the past.

Elder abuse today

The family is statistically the most common social environment within which violent crime occurs (Gelles 1997). Elder abuse is a sub-category of the broader term 'family violence', which also encompasses child and domestic (intimate partner) abuse (Wiehe 1998). In 1993, the UK organization *Action on Elder Abuse* formulated the following definition, which has since been adopted by the World Health Organization: "A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person". There are many social models that have sought to theorise elder abuse, including 'situational theory', which emphasises carer stress, and 'feminist theory', which looks to power imbalances (Glendenning 1997; Wiehe 1998; Daichman 2006). A more holistic model, referred to as the 'ecological model', considers elder abuse to arise as a consequence "of the complex interplay between the person's individual characteristics (*i.e.* biology, personal history), close inter-personal relationships, characteristics of the community in which the person lives or works and societal factors such as policies and social norms" (Perel-Levin 2008, 7).

The perpetrators of elder abuse are most frequently co-habiting adults, quite often spouses or adult children of the abused (Biggs *et al*. 1995). Risk factors for elder abuse

within the family include “poor quality long term relationships, social isolation of a family member, patterns of family violence, and carer’s inability to provide adequate care” (http://elderabuse.org.uk/). Power inequalities and relationships of dependency are particularly important when discussing contexts of abuse. Foucault (1978, 138) writes in *The History of Sexuality*: “… it is over life, throughout its unfolding, that power establishes its dominion”. Power within families shifts and subverts throughout the life course: parents exercise power over their growing children, restricting and censoring behaviour, whilst in older age, role reversal may occur as parents then become dependent upon their adult children. As Hockey and James (2003, 139) observe “agency and choice imply an empowered or embodied individual. Yet our access to power is constrained by our physicality, our dependency and our relationships with others”. Frailty within old age exposes vulnerabilities, resulting in unequal access to power. This is supported by studies finding that those who are physically or cognitively impaired are more likely to be subjected to abuse, with a prevalence of up to 33% (Lachs and Pillemer 1995; Markovik *et al.* 2014).

Early studies of elder abuse during the 1970s and 80s tended to emphasise carer stress as a prominent risk factor, with abuse arising as a consequence of the demands placed on the carer (usually adult offspring) by their incapacitated elderly dependents (Eastman 1984). More recent research has emphasised the pathopsychology of the perpetrator as the key risk factor, representing a shift in focus from the physical and cognitive disabilities of the older person (the victim), to those of the abuser (Homer and Gilleard 1990; Biggs *et al*. 1995; Aitken and Griffin 1996; Kingston and Phillipson 2003; McCreadie 2003). However, the identity of the victim is still relevant, and numerous studies have observed a sex-bias in prevalence; older females are at least twice as likely to be physically abused compared to older males (Akaza *et al*. 2003; National Center on Elder Abuse, USA 2004; Cohen *et al*. 2007; O’Keeffe *et al*. 2007). The extent to which this is due to a demographic bias (*i.e.* in many countries there are twice as many women over the age of 60 years than men (Brogden 2001, 34) has not been thoroughly explored. However, it is likely that there is also an economic component; ethnographic studies from a variety of cultural settings consistently demonstrate that older men have more economic resources than older women (Rudkin 1993, 210). Elderly females are therefore much more likely to be in a state of economic dependency in old age, particularly upon the death of their spouses. Martin (1988) observed that in many Asian nations, the proportion of elderly women who are widowed is approximately one half to two thirds, while less than one quarter of males become widowers. Once widowed, there is a greater likelihood of economic dependency.

In summary, risk factors for elder abuse therefore include: female sex, physical and/or mental impairment, social isolation, dependency and loss of power, and co-habitation with the perpetrator (Mysyuk *et al.* 2015). The following section will briefly evaluate the skeletal evidence derived from a clinical setting for diagnosing elder abuse in the past.

Identifying abuse in skeletal remains

The clinical evidence for elder abuse and neglect follows similar patterns of trauma to that incurred through child and intimate partner abuse, though with some key differences relating primarily to the physiology of the ageing body (Collins 2006). Gowland (2015) synthesised patterns of skeletal lesions and criteria relating to trauma and decubiti that may be suggestive of elder abuse in an archaeological context. These include fractures located on the cranium, facial bones and dentition, neck (cervical vertebrae and clavicles), upper extremities (spiral fractures to the humeri) and torso. By contrast, compression factures to the vertebrae, fractures to the ulnae and radii, or to the femoral neck, are more likely to be the consequence of accident, or age-related metabolic disease (Chen and Koval 2002). Multiple fractures at different stages of healing are particularly important in the identification of episodes of abuse at all stages of the life course (Walker 1997; Walker *et al.* 1997).

Bioarchaeological research has made significant progress in recent years in terms of identifying various forms of inter-personal violence (*e.g.* Martin *et al.* 2012; Knüsel and Smith 2013). Skeletal trauma can be problematic to interpret in bioarchaeology, particularly with respect to peri-mortem trauma in fragmentary remains. Likewise, assessing the age at which healed trauma occurred can be problematic (*e.g.* Loe 2009; Ríos *et al*. 2014). However, skeletal evidence provides the only direct evidence for inter-personal violence in the past and bioarchaeological analyses have yielded important insights in a range of trauma contexts, from domestic violence to warfare. Context is also critical to interpretations of trauma; for example, evidence for household structures, family groups, occupation, as well as burial treatment. In clinical cases of elder abuse, the relationship between patient mobility (*e.g.* bed-ridden or chair-ridden) and trauma risk is also important to decipher (Brogdon and McDowell 2003). In archaeological contexts, it is possible to make inferences concerning immobility through observation of specific impairments, or more generalised indicators of pathology, such as osteoporosis, bone atrophy, and the presence and anatomical location of pressure sores, otherwise known as decubiti (Gowland 2015).

Severe pressure sores may result in changes to the underlying skeletal tissue (DiMaio and DiMaio 2001). Decubiti should be considered as a differential diagnosis when periosteal new bone formation, osteomyelitis, or erosive lesions are observed on bony prominences (*e.g.* iliac crest, sacrum, ischial tuberosity, calcaneus, occipital, spinous processes of the vertebrae), where blood flow may be constricted when an individual is chair- or bed-ridden. Figure 5.1 shows a computed tomography (CT) image of the pelvis of elder female patient showing a deep stage 4 decubitus ulcer (the most severe form) with resulting destruction of the left margin of the inferior sacral bone (long arrow). A superficial decubitus ulcer of the left gluteal region is noted also (short arrow). Skeletal lesions as a result of pressures sores

are likely to be under-diagnosed in palaeopathological analyses. It is possible that such lesions could be misidentified as post-mortem erosion, or even entheseal changes. An awareness of the likely location of pressure sores and the distribution of these erosive lesions is important for diagnosis. While decubiti alone are not indicators of abuse, they provide indirect evidence of impairment as well as care and treatment in the past. One study demonstrated a much higher prevalence of pressure sores amongst elder abuse victims (90%) compared with elderly patients of a nursing home (25%).

Skeleton RCSPC/S 86.7, Royal College of Surgeons

A likely example of elder abuse in an historical period skeleton (mid-19th century) is currently curated at the Royal College of Surgeons, London (Figure 5.2). The individual suffered from a severe form of joint disease, resulting in proliferative new bone growth and ankyloses at a number of joints. These dramatic pathological lesions are the reason for the original acquisition and retention of this individual within the pathological collection. While these lesions have been the focus of subsequent study, what has not been remarked upon further is the trauma also sustained by this older woman. The skeleton exhibits evidence of rib fractures, some with new bone formation, an un-united fracture to the right clavicle (Figure 5.3), a fractured right ischial ramus, and a roughened area on the posterior aspect of the right ilium, which, according to the notes accompanying the individual, corresponded to a pressure sore during life.

While fractured clavicles often occur due to a fall on an outstretched hand, the presence of a very severe pressure sore, the fractured ischium, and severe degenerative disease, suggests that this woman was likely to have been bed-ridden. Rib fractures can also occur from a fall, or even vigorous coughing, and are not definitive evidence of abuse (Zephro and Galloway 2013). However, the fractures reported here represent more than one traumatic event, due to evidence of osseous response in relation to some, but not all, of the trauma. The location of the trauma on the region of the torso and towards the neck area also corresponds with the clinical evidence for physical abuse discussed above, rather than accidental injury.

The pressure sore on the posterior aspect of the ilium suggests that this individual was predominantly lying in a supine position. If she were chair-bound, the pressure sores are more likely to have been located on the ischial tuberosities. Furthermore, the fractured ischial ramus means that sitting up was likely to have been prohibitively painful. The presence of bone changes indicates that the decubitus ulcer had progressed to a severity of ‘Grade Four’ (DiMaio and DiMaio 2001), which may indicate neglect or poor quality care. However, it is worth stating that pressures sores are notoriously difficult to treat in elderly patients, even within a modern clinical setting, and prevention is by far the most desired source of intervention.

In summary, while this individual's unusual joint disease has been the focus of past and current interest, her bones exhibit extensive evidence of trauma that have, to date, gone unremarked. The presence of multiple injuries in different stages of healing and the skeletal elements affected correspond to the clinical criteria observed in elder abuse. The profile of the individual as old, female, and severely impaired, also aligns with victims today.

Old age in the archaeological context

There are a number of biases that conspire towards the invisibility of 'the elderly' in archaeological cemetery evidence. One of the most problematic is the under-ageing of older individuals by current osteological techniques. Once the skeleton has reached maturity, which includes fusion of the epiphyses (c. 23-30 years of age), skeletal morphological characteristics have a limited ability to accurately represent chronological age. For the most part, this is because the skeletal changes occur as a consequence of degeneration and are subsequently influenced by factors unrelated to chronological age. Individual ageing is affected by a host of factors, both intrinsic to the individual (*e.g.* genetic predispositions, sex etc) and external (*e.g.* social and physical environment, diet, activities etc). As a result, skeletal ageing is a frustratingly variable process to characterise: the unique alchemy of genes and environment within any one individual resulting in marked population differences in rates of senescence. The application of ageing standards derived from one population, to another archaeological population, far removed in time and space, introduces sources of error that are difficult to quantify. Additionally, age-related skeletal changes are subtle and difficult to interpret, even for the experienced practitioner. As a consequence, this leads to high levels of inter- and intra-observer error.

Furthermore, it has been demonstrated that age distributions obtained for archaeological populations are, to some extent, dependent on the age structure of the known age reference sample from which a particular ageing technique was devised (Bocquet-Appel and Masset 1982). This statistical bias is also responsible for the under-ageing of older individuals within past populations (Chamberlain 2006). This is because many of the current ageing methods are based on known age samples derived from selective contexts that have age distributions very unlike those that we would expect to find in 'normal', attritional, cemeteries (Gowland and Chamberlain 2002; 2005; Gowland 2007). However, new statistical methods can address some of the biases and account for these shortcomings, so that ages may be expressed more reliably, if not as precisely, as we would wish (Hoppa and Vaupel 2002).

There is a tendency within bioarchaeological studies to employ the category of 50+ years as the upper age term. This age category spans many decades, unlike those assigned to younger adults, and is intentionally broad to reflect the degree of uncertainty in assigning

precise age estimates to older individuals. However, the broadness of the category is unfortunate, because it potentially masks considerable variation in terms of identity, embodied experiences, and quality of life. A greater understanding of old age in the past must begin by further differentiation of this poorly resolved age grouping. Recent attempts have been undertaken to develop novel techniques for doing just that (*e.g.* Cave and Oxenham 2014; Falys and Prangle 2014) and these should make valuable contributions to the future study of old age in bioarchaeology.

Finally, the skeletons of older individuals in archaeological cemeteries tend to be poorly preserved, due to the reduction in bone mineralisation in advanced age. At cemetery sites with poor skeletal preservation, age estimations become more reliant on dental wear, resulting in an additional bias against identifying older individuals, who are more likely to have suffered antemortem tooth loss. Within any archaeological cemetery, there is often a substantial number of adults for whom an age could not be determined as a consequence of poor preservation. Given the above biases, it is likely that a disproportionate number of these are older individuals, contributing significantly to the under-representation of elderly people in cemetery populations.

Elder abuse: case studies from Roman Britain

The case studies discussed below from Romano-British contexts have been selected based on the following criteria: they represent skeletons of older individuals; aspects of their burial context are non-normative; and they exhibit evidence of impairment or trauma. Each case study will be described individually and then discussed collectively in relation to the broader archaeological context and historical evidence for family structure and elder care in the ancient world.

Case study 1: Bourne, Lincolnshire

Skeleton 135 is an older female (50+ years) encountered during excavations of a site originally utilised for an industrial purpose (*e.g.* salt-making) from the 1st to 4th centuries AD (Figure 5.4). The body was supine, though with a slightly slumped aspect, with the legs crossed at the ankles. The fill overlaying the body contained fragments of pottery debris. The body was well preserved in terms of completeness, though was very fragmentary, and the outer surface of the bone (cortex) was friable. A possible perimortem fracture was identified towards the posterior and left aspect of the frontal bone of the cranium (Figure 5.5). The ectocranial (outer) aspect demonstrated a linear characteristic to the fracture line, with some bevelling and removal of the cortex on the endocranial (inner) surface, which is suggestive of an injury caused by an instrument/weapon. Dark, reddish staining was present around the fracture on the endocranial surface. Initial inspection led to the speculation that this represented the preserved remains of a haematoma; however, this would be very rare

and it seems more likely that it is taphonomic in origin. The location of the possible fracture is consistent with forensic evidence, which indicates that cranial and sub-dural haemorrhages are a common cause of mortality in elderly victims of abuse (Kremer *et al.* 2008; Guyomarc'h *et al*. 2010; Murphy *et al.* 2013). However, recent re-examination of this skeleton by the author suggests that the peri-mortem nature of the fracture is inconclusive; the friable condition of the bone has rendered the fracture edges no longer clearly discernible since post-excavation processing and curation (Figure 5.5). However, the contextual evidence is certainly compelling; this is a non-normative burial practice in Roman Britain. The body had been placed within a ditch, away from a formal cemetery or settlement, and little apparent care had been taken in laying out the body. There was no evidence of a coffin, coins, or other common forms of funerary ritual dating from this period. At the very least, this individual was marginalised in death and the location of the burial lends a clandestine aspect to it, which, in addition to the possible fracture, raises suspicions regarding the mode of death.

Case study 2: The Mount, York

Skeleton 4255 is an older female (46+ years) buried within a formal Roman cemetery. The following information is from the unpublished osteological report kindly made available by Malin Holst (York Osteoarchaeology Ltd). The skeleton was buried supine, though was decapitated, with the skull placed next to the left leg. Such 'decapitation burials' are often categorised as 'deviant', however, they are not uncommon in Roman Britain, nor was the practice restricted to a particular sex or age (Harman *et al.* 1981; Philpott 1991). Roberts and Cox (2003, 153) survey of skeletal remains reported a crude prevalence of 5.5% for decapitation burials in Roman Britain. The act of decapitation, in most instances, is thought to have occurred post-mortem (Harman *et al.* 1981), though this is a source of debate and may have varied between contexts (Tucker 2015). Skeleton 4255 had evidence of healed fractures to the right radius and the left radius and ulna - the latter having occurred during adolescence, as growth of the forearm had been affected. More exceptionally, there were a range of peri-mortem fractures demonstrating extreme violence at the time of death. These include blunt force trauma to the right clavicle (blow from above) and right maxilla (horizontal blow), which even caused fracturing of some of the tooth roots. There were also a minimum of seven stab wounds to the fifth and seventh cervical vertebrae and the first and third thoracic vertebrae (M. Holst). In this example, elder homicide is clearly implicated and the apparent 'overkill' from a face-to-face aggressor, and the targeting of the face and neck area, follows patterns of elder homicide in which the assailant is known to the victim (Collins and Presnell 2006).

Case study 3: Watersmeet, Huntingdon, Cambridgeshire

Other burials that may be considered in light of the above are the remains of two older females, skeletons 2265 and 2255 from a late Roman cemetery Watersmeet, Huntingdon (Nicholson 2006). Both individuals were marginalised in terms of their burial location outside of the main cemetery. Skeleton 2255 was buried supine, but had unusual arm placement, while skeleton 2265 was buried prone, with one arm behind her back and the other under her neck. The burial of 2265 was described by the excavator as 'coerced', implying a 'buried alive' scenario (Nicholson 2006). While this cannot be definitively substantiated, the body position is certainly non-normative, nor is it necessarily explained by restrictions in limb placement caused by the impairments. Both individuals were described as having extensive osteoarthritis throughout the major joints, additionally 2265 had a healed, un-united fracture to the ulna (Nicholson 2006). The pathological evidence in respect to these two burials is suggestive of a degree of physical impairment and frailty during life, which may have left them physically dependent upon others. While there is no sign of physical abuse, both the burial location and the manner of burial suggest a marginal, if not deviant status.

Discussion: the case studies in context

What constituted 'old age' in the Roman World was subject to variation across the Empire. Historical records from Rome indicate that, in chronological terms, its definition was fluid (Cockayne 2003; Parkin 2003; Harlow and Laurence 2011). Then, as now, old age was an embodied experience and would very much depend on a person's appearance, state of health, social status, and gender (Cockayne 2003). For the poor, old age was regarded as a particularly desultory state, with no form of institutionalised assistance (Finley 1981). Roman literature states that children were to honour and care for their parents, in return for the care bestowed upon them at childhood. However, family obligations towards elderly parents was enshrined in law; a step that suggests instances of neglect, or shirking of duties by adult offspring, as well as general anxieties about elder care (Thane 2000). It may be no coincidence that the passing of this law occurred during a period in which the extended family was experiencing greater dissolution in favour of the nuclear family (Finlay 1981). Ageing, therefore, became an individual, rather than collective risk, and it is within such socio-political regimes that abuse is more likely to occur (Bennett *et al*. 1997).

The oldest male, as *paterfamilias*, would have been the head of the household; the property owner and primary decision-maker for the family. A wife would be financially dependent upon her husband during his lifetime (Parkin 2003). Women usually married in their late teens to early twenties while men tended to marry approximately 10 years later (Harlow and Laurence 2002; 2011). As a consequence, there is a good chance that a wife would outlive her husband. As Harlow and Laurence (2011, 7) write: "The differential of the age of marriage created a wife who would care for her older husband until his death and who needed to be provided for after his death". In those instances in which a widow had no

independent income, she would then become dependent upon her children for support. In classical literature old women were depicted in an 'almost monotonously negative' fashion (Parkin 2003). However, older women, in some instances, benefitted from a greater freedom of movement and actions than younger women. Parkin points out that this was not due to enhanced status, but rather indifference: "The older woman in Greek and Roman society could do more or less as she pleased because nobody cared; thus she was doubly marginalised" (Parkin 2003, 37-8). Today, older females are more likely to be the victims of abuse than older males, a factor that may be rooted in economic disadvantage (Brogden 2001, 58; Mysyuk *et al*. 2015). It may therefore be no coincidence that each of the cases outlined above are older females. Pelling and Smith (1991) have argued that older women throughout various periods of history can be characterised as 'lonely survivors'. Unfortunately, this has often led to an increase in their dependency upon others, ill health and ultimately vulnerability (Pelling and Smith 1991; Glendenning 1997). Vulnerability as a consequence of frailty is also a risk factor for elder abuse because it can lead to powerlessness and dependency. Most of the older women described in the case studies exhibit pathological evidence suggestive of a degree of impairment. Social isolation is also a well-known risk factor in elder abuse (Mysyuk *et al.* 2015): if marginalisation in burial is reflective of the lived experience, then these older females all experienced social isolation in Roman Britain.

These case studies highlight the potential and also the limitations in identifying the presence of elder abuse in the archaeological record. In each of these cases, the inability to more precisely define the age of these women is problematic to interpretations of elder abuse. Further, the Bourne example demonstrates the difficulty of positively identifying peri-mortem trauma in fragmentary and often poorly preserved skeletal remains. In the York example, the injuries clearly implicate a 'frenzied attack', which focused on the face and neck area. This follows very closely the pattern of violence inflicted in many cases of intimate partner and elder abuse, in which 70% of violent injuries are directed to this locale (McDowell 2010; Murphy *et al*. 2013). A violent attack to the face is usually considered to be personal in nature, particularly when there is evidence of 'overkill'. A review of forensic elder homicide cases has revealed that the perpetrator is usually known to the victim and is most often male (Collins and Presnell 2006). One may transpose these data onto the past and assume that the perpetrator in this instance was known to the deceased. The skeleton had been buried within a normative cemetery context, though was decapitated, a rite often considered to be 'deviant'. Whether this deviancy occurred due to her status in life, or the violent manner of her death cannot be determined. Burial context is shown to be vital to interpretations of abuse and marginalisation, with burial location and body position providing important additional evidence for treatment in death.

The Watersmeet examples, while not directly consistent with the findings of physical abuse, certainly indicate marginalisation of two elderly and impaired individuals. The

deteriorating bodies of these women in life may have led to a concurrent reduction in their social status, perhaps as a consequence of their growing dependency and incapacity. It has been observed in ethnographic studies that when physically or cognitively diminished, the elderly may be left to fend for themselves, or become victims of 'death hastening' behaviours (Barker 1990, cited in Brogden 2001). Allusions to this are present in ancient texts. For example Seneca states:

"Just as a ship that springs a leak, you can always stop the first or the second fissure, but when many holes begin to open and let in water, the gaping hull cannot be saved; similarly, in an old man's body there is a certain limit up to which you can sustain and prop its weakness. But when it comes to resemble a decrepit building, - when every joint begins to spread and whilst one is being repaired another falls apart – then it is time for a man to look about him and consider how he may get out" (Seneca *Ep. 30.1-2*, cited in Cockayne 2003, 51).

In regard to the prone burial 2265 at Watersmeet, the author of the report implies the application of 'death hastening' behaviour – specifically burial whilst still alive. While this cannot be substantiated on the basis of burial position, the impaired and elderly status of both of the older women at Watersmeet seems to have led to their marginalisation from the rest of the cemetery population.

Conclusion

When interpreting the evidence from skeletal remains in terms of elder care and abuse we are faced with numerous difficulties relating to our ability to precisely identify older individuals, in addition to those of inferring either 'care' or 'abuse' in the archaeological record (see Tilley and Oxenham 2011). Nevertheless, an examination of the skeletal remains of older individuals, within a broader understanding of the social and archaeological context, can prove fruitful in terms of elucidating past perceptions of the end stages of life. A life course perspective is vital to the study of past social identities, including an understanding of the impact of a particular impairment on quality of life and likelihood of receiving care. For example, immobility in a child and immobility in an elderly person as a consequence of impairment may not have comparable impacts on their identity, nor subsequent decision-making regarding the provision or withholding of care.

We should be cognisant of the shifting power dynamics within families over time, in order to arrive at a nuanced life course perspective on caregiving, abuse and marginalisation. Agency and power are constrained through increasing frailty in older age. The inter-relationship between dependency and power has been viewed as central to elder abuse in contemporary societies (Aitken and Griffin 1996). If such relationships also existed within some families in Roman Britain, then it is possible to see how they too had the

potential to become abusive. There is an increasing awareness that abuse of the elderly is a world-wide phenomenon, existing within a variety of socio-cultural settings. The possibility of elder abuse being a feature of past societies should at least, therefore, feature amongst our 'radar' of possibilities when interpreting non-normative burials of impaired or injured older individuals within archaeological contexts.

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Figure Headings

Figure 1: Osteomyelitis of the lower sacral spine secondary to severe decubitus ulceration. Image copyright of B. Daly.

Figure 2: Skeleton 86.7, an elderly female from the Royal College of Surgeons. *©Museums at the Royal College of Surgeons*

Figure 3: Peri-mortem fractured clavicle of skeleton 86.7. *©Museums at the Royal College of Surgeons*

Figure 4: Skeleton 135, Bourne, Lincolnshire (modified from Dale 1999, Figure 8, Archaeological Project Services, Lincolnshire)

Figure 5: Skeleton 135, endocranial view of possible peri-mortem trauma to the frontal bone.